



DEPARTMENT OF THE NAVY  
PERSONNEL SUPPORT ACTIVITY  
937 NORTH HARBOR DRIVE  
SAN DIEGO, CALIFORNIA 92132-5190

PERSUPPACTSANDIEGOINST 1050.2D CH-3  
Code 50  
22 September 1994

PERSUPPACT SAN DIEGO INSTRUCTION 1050.2D CHANGE TRANSMITTAL 3

Subj: FUNDED EMERGENCY LEAVE TRAVEL ORDERS (OUTUS)

Encl: (1) Sample Order with Appropriation Data

1. Purpose. To transmit change 3 to the basic instruction.
2. Change. Remove enclosure (1) of the basic instruction and replace with the attached enclosure.
3. Cancellation. When the basic directive is superseded by a revision, or is otherwise cancelled.

  
M. HAYES

Distribution:  
PERSUPPACTSANDIEGOINST 5126.1H, II

PERSUPPACTSANDIEGOINST 1050.2D CH-3  
 TEMPORARY ADDITIONAL DUTY (TEMADD) TRAVEL ORDERS  
 22 September 1994

1. FROM: Commanding Officer, Personnel Support Activity 937 N. Harbor Dr., San Diego, CA UIC: 68553					2. STANDARD DOCUMENT NO. N6855395TO000* *			
3. TO: NAME OF INDIVIDUAL(S) BEING ORDERED ON FUNDED EMERGENCY LEAVE (OUTUS), BRANCH OF SERVICE AND NO OTHERS (INCLUDE DEPENDENT NAMES AND AGES OF CHILDREN)					4. TANGO NO. TO000* *			
					5. SSN/DESIGNATOR MEMBER'S SSN			
					6. DATE  DATE PREPARED			
7. REF: (A) AS APPROPRIATE					8. <input type="checkbox"/> INDIVIDUAL TRAVEL <input type="checkbox"/> GROUP TRAVEL			
9. PROCEED ON OR ABOUT		10. AUTHORIZED PROCEED ON OR ABOUT TIME/DATE		11. APPROXIMATE NUMBER OF DAYS 60 DAYS		12. ESTIMATED DATE OF RETURN		
13. ITINERARY (Activity/activities and Place/places indicated below)  AS APPROPRIATE						14. <input type="checkbox"/> TEMADD <input type="checkbox"/> TEMADDCON <input type="checkbox"/> TEMADDINS		
						15. REASON FOR TRAVEL:  ICW FUNDED EMERGENCY LEAVE		
						16. <input type="checkbox"/> AUTHORIZED VISIT SUCH ADDITIONAL PLACES AS MAY BE NECESSARY		
17. FISCAL DATA ACCOUNTING CLASSIFICATION								
APPROPRIATION SYMBOL AND SUB-HEAD (1) (2)	OBJECT CLASS (3)	BU CONT NUMBER (4)	SUB-ALLOT NUMBER (5)	AUTHORIZED ACCTG ACTY (6)	TYPE (7)	PROPERTY ACCTG ACTY (8)	COST CODE (9)	
(7 SYM) (4 SYM)	(3 SYM)	(5 SYM)	(1 SYM)	(6 SYM)	(2 SYM)	(6 SYM)	(12 SYM)	
AB1751804.70CA	000	68553	0	068688	2D	O000* *	685535EDE02E	
18. ESTIMATED COST TRANSPORTATION PER DIEM MISC. EXP. TOTAL PRICE OF TICKET \$ 00.00 \$ 0.00 \$ PRICE OF TICKET 35TO0 * * N68553VV						19. CUSTOMER IDENTIFICATION CODE		
20. ITEM: (Use applicable item numbers as shown on reverse side of this form)  AS APPROPRIATE								
"Report to a Disbursing Officer within 10 days after completion of travel to settle your travel expenses."								
21. ADDITIONAL COMMENTS AND INSTRUCTIONS:  <u>MBR DOMICILED IN (SHOW COUNTRY)</u>  RESIDENCE OR PLACE OF ACCEPTANCE ENDORSEMENT PSD NAVAL STATION DUTY SECTION: ISSUED MTA #AF-029883 FLT MAC 19 LAX/CRK OPEN RETURN. COST \$1,046.00						22. SECURITY CLEARANCE: IT IS CERTIFIED THAT YOU HOLD A _____ BASED _____ COMPLETED _____ BY _____ (PLUS _____ YEARS SERVICE)		
23. AUTHENTICATING SIGNATURE A. J. PAVICH, CDR, USN, EXECUTIVE OFFICER, BY DIRECTION OF THE CO								
24. TRANSPORTATION REQUEST/MAC TRANSPORTATION AUTHORIZATION FURNISHED:								
25. COPY TO: (Include Operating Budget/fund manager in all cases)								